

Community health worker (CHW) Apple Health (Medicaid) reimbursement FAQ

Community health worker requirements

Do community health workers need certifications or degrees to provide services reimbursable by Apple Health?

No specific degree or certification is required. However, community health workers (CHW) must meet the requirements in [WAC 182-562-0400](#) in order to be eligible for reimbursement.

Does training through the HealthierHere program meet CHW training requirements?

Yes, training completed through programs outside the Washington State Department of Health (DOH), such as [HealthierHere](#), may meet CHW training requirements. The CHW's supervisor must:

- Assess the CHW's training in key areas.
- Verify the CHW's proficiency in the core competencies outlined in [WAC 182-562-0500](#).

Supervisors may use tools such as the [CHW Core Consensus Project](#) (C3 Project) to help assess competencies.

What is the lived experience requirement?

Lived experience is a CHW's firsthand understanding of the challenges faced by the communities they serve. This experience builds trust and helps CHWs relate to clients in meaningful, culturally responsive ways. Examples include:

- Navigating public health systems such as Medicaid, WIC, or housing services.
- Managing a chronic condition or supporting a family member through a health issue.
- Experiencing barriers related to language, immigration, incarceration, or homelessness.
- Having roots in a specific cultural, geographic, or faith-based community with shared challenges.

Do CHWs need to work on-site with the licensed practitioner and be employed by the same agency?

No. CHWs do not need to work on-site with the licensed practitioner nor be employed by the same agency. The licensed practitioner must meet the requirements in [WAC 182-562-0800](#) and supervision must be active and documented.

Do we need to record the location of the CHW and the patient?

Telehealth

Yes, telehealth documentation must include the location of the CHW and the client at the time of the service. This is important for verifying compliance with Apple Health telehealth policies and for audit purposes.

In person

In person services should include the physical service location, such as a clinic, community setting, or client's home. Accurate documentation ensures transparency and supports proper billing.

CHW supervisor requirements

Who can supervise CHWs for the Apple Health benefit?

Supervising providers must:

- Be enrolled as a provider with HCA, the Medicaid agency.
- Be one of the following licensed practitioners:
 - Health care professional
 - Health care entity
 - Supplier
 - Contractor of service
- Meet the requirements under chapter [182-502](#) WAC.

Supervisors are also expected to:

- Understand the specific roles, responsibilities, and scope of practice for CHWs.
- Provide or facilitate training and professional development for CHWs.
- Maintain accurate and thorough records related to supervision, performance, and compliance.

The provider types listed [in the WAC](#) are authorized to supervise CHWs and recommend them for the Apple Health benefit. A more detailed list of eligible supervising providers can be found in [WAC 182-502-0002](#). If your provider type is not listed, contact the [CHW benefit team](#).

CHWs and individual providers do not submit claims directly. Instead, services are billed under the clinic's National Provider Identifier (NPI).

How are supervised hours tracked or verified?

Supervising providers are responsible for tracking and verifying supervised hours in accordance with [WAC 182-562-0900](#) and [182-562-0800](#), including:

- Clear documentation of time spent under supervision.
- Records of CHW performance, training, and compliance.
- Evidence that supervision aligns with the CHW's roles and scope of practice.

Agencies should use tools such as supervision logs, time sheets, or electronic health record (EHR) integrated notes to ensure hours are well documented and auditable.

Billing and claims submission

Who does the billing for the CHW benefit?

CHWs do not bill Apple Health directly. The clinic or the employing agency uses their NPI to bill for CHW services under the appropriate Apple Health codes.

Do CHW services require prior authorization?

No. Prior authorization is not required for:

- Community Health Integration (CHI) code **G0019**
- Principal Illness Navigation (PIN) services code **G0023**

This includes add-on codes:

- **G0022**
- **G0024**

These add-on codes account for time beyond the initial 60 minutes billed for primary service codes. Services may be provided in person or via telehealth.

Does the client need to be present for all services billed?

No. Client presence is not required for all services. Billable tasks may include:

- Care coordination
- Referral management
- Reviewing records
- Planning interventions
- Documenting activities
- Communicating with social service providers

These tasks are covered as part of codes **G0019** and **G0023** and included in the total time billed if they meet the service scope and documentation requirements. The codes are time-based and meant to capture direct interactions with the client and indirect work on the patient's behalf.

How should split visits be documented on a claim?

The total time spent across visits will be considered for time requirements. The date of service on the claim should be the date of the first encounter or last encounter depending on the payer's requirements.

What other requirements must be met to bill G codes?

- The client must have had an initiating evaluation and management (E/M) or annual wellness visit (AWV) with an identified high-risk condition or unmet social need.
- Consent must be obtained and documented.
- Services must be delivered by CHW under general supervision.
- Time requirements must be met.

Do the services have to equal 60 minutes for primary code and 30 minutes for add on?

Yes. The total time limit for the codes must be met for the month to bill. Visits may be split over the course of the month but must equal the time limit associated with code.

Can primary codes be billed for less than 60 minutes?

Yes. Clinics may bill the primary codes **G0019** or **G0023** for less than 60 minutes by using modifier 52 to indicate a reduced service.

- Modifier 52 may be used when **30 minutes** of CHI or PIN services are furnished.

When modifier 52 is used, add-on codes cannot be billed:

- If **G0019-52** is billed, **G0022** cannot be billed for that month.
- If **G0023-52** is billed, **G0024** cannot be billed for that month.

Add-on codes may only be billed when the full 60-minute primary service requirement is met.

Can primary and add-on codes occur on different days?

Yes. Services may occur on different days within the same calendar month. The primary and add-on codes must be submitted together on the same claim, even if the encounters occur on separate days. For example:

- **G0022** must be billed with **G0019** on the same claim.
- **G0024** must be billed with **G0023** on the same claim.

The add-on codes cannot be billed alone or on a separate claim.

Can multiple organizations bill CHW services for the same client in the same month?

It depends on the organization and the service type.

CHWs from the same organization

- The organization may bill CHI for one CHW and PIN for a different CHW for the same client in the same month.
- The organization may not bill the same CHW service code more than once for the same client in the same month. Example: CHI twice or PIN twice.
- Each CHW service code covers one CHW per provider, per client, per month.

CHWs from different organizations

- Each organization may bill once for the CHW services it provides to the client.
- Billing limits apply per billing provider or entity, not across the entire system.

See the [CHW benefit technical assistance presentation](#) for billing examples.

Does the CHW benefit only apply to medical clinics?

No. Eligible billing providers may include:

- Health departments
- Community-based organizations
- Tribal organizations
- Other enrolled entities

All services must be billed by an Apple Health enrolled organization and meet CHW program and supervision requirements.

Can behavioral health agencies (BHAs) or behavioral health administrative services organizations (BH-ASOs) bill for CHW services?

Yes. Behavioral health agencies may bill for CHW services if billing requirements are met, including using the clinic's NPI.

Managed care clients

Agencies must have an active contract with the managed care organization (MCO) for CHW services to receive reimbursement.

Apple Health fee-for-service clients

BHAs and BH-ASOs must follow the billing and documentation requirements outlined in the [CHW Services Billing Guide](#).

Can Accountable Communities of Health (ACHs) bill for CHW services? Under the Medication Transformation Project (MTP) waiver:

- Accountable Communities of Health (ACHs) oversee and operate a regional Community Care Hub (CCH) and have access to ProviderOne and NPIs.
- ACHs are not required to bill for services.

CBWs/CHWs working for CCHs:

- Providers cannot double bill the CHW service if they are being paid for an activity via the CCH.

If ACHs are interested in billing for PIN services, ACHs will need to ensure:

- CBW/CHW meets CHW requirements, per CHW-SPA
- The provider they are contracting with is an allowable billable provider, per CHW-SPA

Can federally qualified health centers (FQHC) bill for CHW services and include CHW salaries in cost-based reporting?

Yes, FQHCs and Rural Health Clinics (RHCs) may include CHW salaries and related costs in cost-based reporting.

However, CHW services themselves are not considered encounter-eligible services under Apple Health. Billing depends on when and how services are provided.

- CHW services are provided on the same day as an encounter-eligible service:
 - The CHW service must be billed on the same claim. The CHW services are included in the encounter and may be counted as part of the reconciliation process.
 - For example, an office visit with a licensed provider.
- CHW services are provided on a separate day, when no other encounter-eligible services are delivered:
 - The CHW service must be billed separately using the standard Apple Health fee schedule or the negotiated MCO rate.
 - These standalone CHW services are not considered encounters and should not be included in the reconciliation process.

For additional guidance, see:

- [WAC 182-549-1450\(2\) – FQHCs](#)

- [WAC 182-548-1450\(2\) – RHCs](#)

